

Amendment No. 1 to HB1207

Lamberth
Signature of Sponsor

AMEND Senate Bill No. 1041*

House Bill No. 1207

by deleting all language after the enacting clause and substituting instead the following:

SECTION 1. Tennessee Code Annotated, Section 68-1-128, is amended by adding the following new subsection (c) and redesignating existing subsections accordingly:

(c)

(1) In addition to identifying prescribers pursuant to subsections (a) and (b), beginning July 1, 2017, and annually thereafter, the department shall identify high-risk prescribers based on clinical outcomes, including patient overdoses. The determination of which providers are high-risk prescribers, including the criteria to make such determination, shall be made by the department. Providers determined to be high-risk prescribers pursuant to this subdivision (c)(1) shall be subject to selected chart review and investigation by the department.

(2) If a prescriber is identified as a high-risk prescriber pursuant to subdivision (c)(1), the department shall submit the high-risk prescriber's information to the board that issued the prescriber's license for appropriate action.

(3) Upon receiving information pursuant to subdivision (c)(2), the licensing board shall notify the prescriber and, if applicable, the prescriber's supervising physician, of the prescriber's identification as a high-risk prescriber and, as applicable, require the prescriber to:

(A) Participate in continuing education that is designed to inform providers about the risks, complications, and consequences of opioid

Amendment No. 1 to HB1207

Lamberth
Signature of Sponsor

AMEND Senate Bill No. 1041*

House Bill No. 1207

addiction. The specific continuing education courses and number of hours to be completed by the prescriber shall be determined by the licensing board;

(B) Make available, in the prescriber's waiting room and clinic areas where the prescriber's patient can view, educational literature that warns persons of risks, complications, and consequences of opioid addiction. The specific literature to be made available pursuant to this subdivision (c)(2)(B) shall be determined by the department and made available on the department's website;

(C) Obtain written consent on a form that explains the risks of, complications of, medical and physical alternatives to, and consequences of opioid therapy and addiction to any patient who will receive opioid therapy for more than three (3) weeks with daily dosages of sixty (60) morphine milligram equivalents (MME) or higher. The consent shall include a certification from the patient that the patient understands the information. In order to continue to treat the patient, the provider must assure that the consent is signed by the patient and made part of the patient's health record; and

(D) Renew the consent described in subdivision (c)(3)(C) at four-week intervals for patients who continue to receive opioid therapy. In order to continue to treat the patient, the provider must assure that the

consent is signed by the patient and made part of the patient's health record.

(4) An identified high-risk prescriber must comply with the requirements set out in subdivision (c)(3) for a period of one (1) year from the time the provider was notified of the provider's identification as a high-risk prescriber of opioids. Failure of a prescriber to comply with the requirements set out in subdivision (c)(3) shall be treated as an act constituting unprofessional conduct for which disciplinary action may be instituted under the authority of the board that issued the prescriber's license.

(5) All costs associated with this subsection (c) shall be paid by the identified provider.

(6) If the provider disputes the identification of the provider as a high-risk prescriber of opioids, the provider may request the department conduct an internal review of the identification, which shall be done by the commissioner or the commissioner's designee. Any such internal review is not subject to the provisions of title 4, chapter 5, part 3.

SECTION 2. This act shall take effect upon becoming a law, the public welfare requiring it.